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TRANSMITTAL LETTER

FILED
2002 APR 12 AM 11:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: PHYSICIAN'S CHOICE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

700005257817--9
-04/12/02-01072-002
*****70.00 *****70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEVIN M. HELMICH, ESQ.

(Name of Person)

Kevin M. Helmich, P.A.

(Firm/Company)

4481 LEGENDARY DRIVE, SUITE 200

(Address)

DESTIN, FLORIDA 32541

(City/State and Zip code)

For further information concerning this matter, please call:

Kevin M. Helmich, Esq. at (850) 837-5118

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

BRYAN APR 11 2002

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Physician's Choice, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York

(State or country under the law of which it is incorporated)

3.

13-3894173

(FEI number, if applicable)

4. 04/03/1996

(Date of incorporation)

5.

perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. "Upon qualification"

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 101 Mattie Kelly Blvd., Destin, Florida 32541

(Principal office address)

4628 Southwinds Drive, Destin, Florida 32541

(Current mailing address)

8. Promotion of health improvement products and transaction of all other lawful business.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Kevin M. Helmick, P.A.

Office Address: 4481 Legendary Drive, Suite 200

Destin

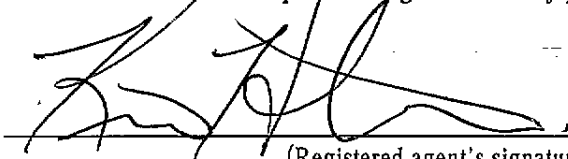
(City)

Florida 32541

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature) Member/Manager

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephan Karian

Address: 101 Mattie M Kelly Blvd.

Destin, Florida 32541

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stephan Karian

Address: 101 Mattie M Kelly Blvd.

Destin, Florida 32541

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Stephan Karian

(Typed or printed name and capacity of person signing application)

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**State of New York
Department of State**

ss:

I hereby certify, that the Certificate of Incorporation of PHYSICIAN'S CHOICE, INC. was filed on 04/03/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 29th day of March
two thousand and two.*



Special Deputy Secretary of State

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